	DISTRIBUTION JANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR	REQUES	CONSERVATION COM ION T FOR ALLOWABLE AND RANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-11 Elfective 1-1-65 . GAS				
1.	PRORATION OFFICE							
	Sun Exploration & Production Co.							
	P. O. Box 1861, Midland, Texas 79702							
	Reason(s) for filing (Check proper box)     Other (Please explain)       New Well     Change in Transporter of:							
	Recompletion Oil Dry Gas Name Change Only							
	If change of ownership give name and address of previous owner							
11.	DESCRIPTION OF WELL AND LEASE							
	Emery King N.W.	Well No. Pool Name, Including 1 2 Langlie Matt	Formation Kind of Lea tix 7 Rvrs.Q.GrybState, Fede					
	Location D 6	ocation						
	Unit LetterD;660Feet From TheWestLine and330Feet From TheNorth							
	Line of Section 1 Township 23-S Range 36-E , NMFM, Lea County							
Ш.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G		and come of all a first sector to the sector of all a sector o				
	Texas New Mexico Pipeline		Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas					
	Name of Authorized Transporter of Casinghead Gas or Dry Gas		Address (Give address to which approved copy of this form is to be sent)					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected? When					
	If this production is commingled with that from any other lease or pool, give commingling order number							
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completio	Date Compl. Ready to Prod.						
		Date Compt. Heday to Prod.	Total Depth	P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	Perforations			Depth Casing Shoe				
		TUBING, CASING, AN	D CEMENTING RECORD					
	. HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
ļ	······································							
ł								
	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load oil epith or be for full 24 hours)	and must be equal to or exceed top allow-				
Ī	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)					
ŀ	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
-	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF				
				Gdb-MCr				
	GAS WELL							
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate				
ŀ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
ן א	CERTIFICATE OF COMPLIANC							
			OIL CONSERVATION COMMISSION					
(	hereby certify that the rules and re Commission have been complied w	ith and that the information given i	APPROVED, 19, 19, BY, I9					
•	bove is true and complete to the	best of my knowledge and belief.						
	Acct. Asst. II (Title) 12-21-81 (Date)		TITLE					
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DISTRIBUTION JANTA FE		OIL CONSERVATION COMM DN	Form C-104		
FILE		UEST FOR ALLOWABLE AND	Supersedes Old C-104 and C- Effective 1-1-65		
J.S.G.S.	AUTHORIZATION TO	AND D TRANSPORT CIL AND NATURA			
LAND OFFICE		S HAARSI OKT OLE AND NATURA	L GAS		
TRANSPORTER OIL	, 				
OPERATOR I					
PRORATION OFFICE			·		
SUN OIL COMPANY					
P.O. Box 1861, Mid Reason(s) for filing (Check prop	land, TX 79702				
New Well	Change in Transporter of:	Other (Please explain)			
Recompletion		Dry Gas			
Change in Ownership X	Casinahead Gas	Condensate			
If change of ownership give na and address of previous owner	sme SUN TEXAS COMPANY, P	.0. Box 4067, Midland, TX	79704		
DESCRIPTION OF WELL AND LEASE					
Emery King N.W.		ttix 7 Rvrs. Q.Gryb State, Fed			
Unit Letter D;	660 Feet From The West	Line andFeet Fro	North		
Line of Section	Township 23-S Pana	е 36-Е , ммрм,	Lea County		
DESIGNATION OF TRANS	PORTER OF OIL AND NATURA	L GAS			
Texas New Mexico		Address (Give address to which app Box 1510 Midland T	Address (Give address to which approved copy of this form is to be sent) Roy 1510 Midland TV		
Name of Authorized Transporter	of Casingneed Gas or Dry Gas		Box 1510, Midland, TX Address (Give address to which approved copy of this form is to be sent)		
			broved copy of this form is to be sent;		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rg D 1 23	se. Is gas actually connected?	When		
If this production is commingle COMPLETION DATA	ed with that from any other lease or p	pool, give commingling order number:			
Designate Type of Comp	pletion - (X)	vell New Well Workover Deepen	Plug Back Same Resty, Diff. Rest		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, e	nte.; Name of Producing Formation	Top CII/Gas Pay	Tubing Depth		
Perforations			Depth Casing Shoe		
		AND CEMENTING RECORD			
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
TEST DATA AND REQUES	T FOR ALLOWABLE (Test must	be after recovery of total volume of load o	il and must be equal to or exceed top allow		
TEST DATA AND REQUES OIL WELL Date First New Cil Bun To Tanks	able for th	be after recovery of total volume of load on his depth or be for full 24 hours) Producing Method (Flow, pump, gas			
OIL WELL	able for th	the depth of be for full 24 hours)			
OIL WELL Date First New Cil Run To Tanks	able for th Date of Test	Producing Method (Flow, pump, gas	lifi, esc.j		
OIL WELL Date First New Cil Run To Tanks Length of Test Actual Pred, During Test	able for th Date of Test Tubing Pressure	Producing Method (Flow, pump, gas Casing Pressure	liji, etc.) Choxo Sizo		
OIL WELL Date First New Cil Run To Tanks Length of Test	able for th Date of Test Tubing Pressure	Vroducing Method (Flow, pump, gas Casing Pressure Water-Bbis.	Lit, etc.) Choce Size Gas-MCF		
OIL WELL Date First New Cil Run To Tanks Length of Test Actual Pred. During Test GAS WELL Actual Pred. Test-MCF/D	able for th Date of Test Tubing Pressure Cil-Bbis.	Bbls. Condensate/MMCF	Lift, etc.) Choze Size Gas-MCF Gravity of Condensate		
OIL WELL Date First New Cil Run To Tanks Length of Test Actual Pred. During Test GAS WELL Actual Pred. Test-MCF/D Testing Method (pilot, back pr.)	able for th Date of Test Tubing Pressure Cil-Bbis. Length of Test Tubing Pressure (Shut-in )	Bols. Condensate/MMCF         Casing Pressure	hit, etc.) Choxe Size Gas-MCF Gravity of Condensate Choxe Size		
OIL WELL Date First New Cil Run To Tanks Length of Test Actual Pred. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLI	able for th Date of Test Tubing Pressure Cil-Bbls. Length of Test Tubing Pressure (Shnt-in) IANCE	Bbls. Condensate/MMCF Casing Pressure Water-Bbls. Casing Pressure Casing Pressure (Shut-in) Casing Pressure (Shut-in) OIL CONSERV	ATION COMMISSION		
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OIL WELL Date First New Cil Run To Tanks Length of Test Actual Pred. During Test GAS WELL Actual Pred. Test-MCF/D Testing Method (pirot, back pr.) CERTIFICATE OF COMPLI I hereby certify that the rules a Commission have been complie above is true and complete to	able for the Date of Test Tubing Pressure Cil-Bbls. Length of Test Tubing Pressure (Shut-in) IANCE and regulations of the Oil Conservation ed with and that the information give the best of my knowledge and below Signature (Shut-in)	Producing Method (Flow, pump, gas Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSERV JUL 28 APPROVED JUL 28 JUL 28 TITLE TITLE This form is to be filed in If this is a request for allo well, this form must be accomp	ATION COMMISSION 1981 Choice Size Choice Size ATION COMMISSION 1981 Compliance with RULE 1104. wable for a newly drilled or deepened anied by a tabulation of the deviation		
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}	DISTRIBUTION SANTA FE		USERVATION CONTINUES	Form C-104 Supersedes Old C-104 and C-110 Ellective 1-145		
ł	FILE		AND	Effective 1-1-65		
ł	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA	\S		
ł	LANC OFFICE					
ł	OIL					
	TRANSPORTER GAS					
ł	OPERATOR					
.	PRORATION OFFICE					
1.	Operator					
	SUN TEXAS CO	MPANY	-			
	Address			1		
	P. 0. Box 40	67 Midland, Texas	79704 Other (Please explain)			
	Reason(s) for filing (Check proper box)		Omer (/ rease explain)	· · · ·		
	New Woll	Change in Transporter of: Oil Dry Gas		·		
	Recompletion	Oil Dry Gas Casinghead Gas Condens				
	Change in Ownership X					
	If change of ownership give name and address of previous owner	TEXAS PACIFIC OIL COMPA	NY, INC. P. O. Box 4067	Midland, TX, 79704		
	DESCRIPTION OF WELL AND	FASE		Lease No.		
H.	Lease Name		rmation Kind of Lease			
	Emery King MIN	1 2 AMAGUE - 1)	1777X 7 QUE State, Foderal			
	Location		Q. Euger.	2/22/1		
	Unit Letter D: 66	D Feet From The UEST Line	and <u>330</u> Feet From Tl	ne <u>////////////////////////////////////</u>		
			, NMPM,	/ = A County		
	Line of Section / Tow	mship 22 5 Range	1. (J , NMPM,			
		FR OF OUL AND NATURAL GAS	5			
П.	Nome of Authorized Transporter of Oil	OF Condensate				
	The war Day Drevier	Pircipr	Fix 1512 177. Min Address (Give address to which approve	n ly.		
	None of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which approve	d copy of this form is to be senty		
			to any actually connected? When			
	If well produces oil or liquids,		is gas detadily composed i			
	give location of tanks.	DI1 123-513-8	nt .			
	If this production is commingled with	th that from any other lease or pool,	give commingling order number:			
IV.	. COMPLETION DATA	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completio					
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date Spudded					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth		
			l	Depth Casing Shoe		
	Perforations			Depin Claing bloc		
			DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEFTHSET			
		1		i		
			fter recovery of total volume of load oil a	and must be equal to or exceed top allow-		
V.	able for this depth or be for juli 24 hours					
¥.	OU WELL	OR ALLOWABLE (Test must be a) able for this de,	pth or be for full 24 nours)	( etc.)		
¥.	OIL WELL Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be a) able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lif	i, etc.)		
¥.	OIT WELL	able for this de	Producing Method (Flow, pump, gas lif	i, eic.) Chcko Sizo		
¥,	OIT WELL	able for this de	pth or be for full 24 nours)			
¥,	OIL WELL Date First New Oil Run To Tanks Length of Test	able for this de Date of Test Tubing Pressure	Producing Method (Flow, pump, gas lif			
•	OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for juit 24 nours) Producing Method (Flow, pump, gas lif Caming Pressure	Choke Size		
•	OIL WELL Date First New Oil Run To Tanks Length of Test	able for this de Date of Test Tubing Pressure	pth or be for juit 24 nours) Producing Method (Flow, pump, gas lif Caming Pressure	Choke Size		
•	OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	able for this de Date of Test Tubing Pressure	pth or be for juit 24 nours) Producing Method (Flow, pump, gas lif Caming Pressure Water-Bbls.	Choke Size		
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V.	OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	able for this de Date of Test Tubing Pressure Oil-Bbis.	pth or be for juit 24 nours) Producing Method (Flow, pump, gas lif Casing Pressure Water-Bbls. Bbls. Conder.scie/MMCF	Choke Size Gas-MCF Gravity of Condensate		
•	OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	able for this de Date of Test Tubing Pressure Oil-Bbis.	pth or be for juit 24 nours) Producing Method (Flow, pump, gas lif Caming Pressure Water-Bbls.	Choke Size		
v	OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL	able for this de Date of Test Tubing Pressure Oil-Bbis.	pth or be for juit 24 nours) Producing Method (Flow, pump, gas lif Casing Pressure Water-Bbls. Bbls. Condensate/MACF Casing Pressure (Shut-in)	Choke Size Gas-MCF Gravity of Condensate Choke Size		
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	OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) I. CERTIFICATE OF COMPLIAN I hereby certify that the rules and Commission have been complied above is true and complete to th Complete to th Co	able for this dej Date of Test Tubing Pressure Oil-Bbls. Length of Test Tubing Pressure (Shut-in) iCE regulations of the Oil Conservation with and that the information given with and that the information given ie best of my knowledge and belief. Male ions Superintendent/West	pth or be for jult 24 nows)         Producing Method (Flow, pump, gas lif         Casing Pressure         Water-Bbls.         Bbls. Condensate/MMCF         Casing Pressure (Shut-in)         OIL CONSERVA         APPROVED         Dist & Sugg.         TITLE         This form is to be filed in one         If this is a request for allow         well, this form must be accompations         All sections of this form must	Choke Size Gravity of Condensate Choke Size Choke Size TION COMMISSION Dy compliance with RULE 1104. wable for a newly drilled or deepened inied by a tabulation of the deviation rdence with RULE 111. ist be filled out completely for allowedle.		
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